

APPENDIX I

DESK TOP PROCEDURES FOR DISCLOSING PRIVACY ACT INFORMATION

1. MCO P5211.2B, paragraph 12000.3b(3): Individual home addresses and/or home phone numbers will not be disclosed without the prior consent of the individual(s) involved.
2. MCO P5211.2B, paragraph 7000.2b: You may normally release the following items of personal information pertaining to military personnel without an unwarranted invasion of personal privacy and violating the Privacy Act of 1974 (see Figure I-1). Most current versions supersede.
 - a. Name
 - b. Grade
 - c. Date of Rank
 - d. Gross Salary
 - e. Present and past duty assignments
 - f. Future assignments which have been approved
 - g. Unit or office address and telephone number
 - h. Source of commission (for officer personnel)
 - i. Military and civilian education levels
 - j. Promotion sequence number
 - k. Combat service and dates
 - l. Medals and decorations
3. MCO P5211.2a, paragraph 7000.3b, (Section 7, Chapter 294, Federal Personnel Manual): You may release the following items of personal information pertaining to civilian personnel without an unwarranted invasion of personal privacy and violating the Privacy Act of 1974:
 1. Name
 2. Gross Salary
 3. Position and grade
 4. Duty phone number
4. MCO P5211.2A, paragraph 7000.2b: No disclosure accounting is required for disclosure of the items of personal information listed above.
5. If information in addition to the above is requested, refer the caller to your PSRO OIC/NCOIC.
6. Penalty for violations: "Any member or employee of the Marine Corps may be found guilty of a misdemeanor and fined not

more than \$5,000 for willfully maintaining a system of records without first meeting the public notice requirements (Chapter 9), disclosing information protected under the Privacy Act to any unauthorized person or agency; or obtaining or disclosing information about an individual under false pretenses: (MCO P5211.2A, paragraph 1001.2). Points to consider when applying the Balancing Test for determination of release of information are listed below. These points, while not all inclusive, may be used as a basic tool for evaluation:

- a. Do individuals normally have an expectation of privacy in the type of information being considered for disclosure?
- b. Is the information readily available elsewhere from public sources?
- c. What is the public interest to be served by the release?
- d. What relationship exists between the proposed recipient and the public interest to be served by the release, if any?
- e. Will the individual about whom the record pertains gain any benefit from the release? If so, is this a significant benefit or a marginal one?
- f. What are the possibilities of other invasions of personal privacy which might result from further release of the information by the intended recipient?
- g. Is the individual about whom the information pertains particularly newsworthy or a public figure?
- h. How sensitive is the information to be released to the individual or family?
- i. How old is the information?
- j. Has the information been made public as a result of a trial or public hearing?
- k. How much knowledge does the requester have of the information requested?

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U. S. C. 552A)										
PART A GENERAL										
<p>The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.</p> <p>The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a on-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.</p> <p>Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.</p>										
PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL										
1. AUTHORITY <p>Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.</p>										
2. PRINCIPAL PURPOSES <p>The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">SYSTEM DESCRIPTION</th> <th style="text-align: center;">SYSTEM NUMBER</th> </tr> </thead> <tbody> <tr> <td>Marine Corps Military Personnel Records System</td> <td style="text-align: center;">MMN 00006</td> </tr> <tr> <td>Bond and Allotment System</td> <td style="text-align: center;">MFD 00004</td> </tr> <tr> <td>Joint Uniform Military Pay System/Manpower Management System</td> <td style="text-align: center;">MFD 00003</td> </tr> </tbody> </table>			SYSTEM DESCRIPTION	SYSTEM NUMBER	Marine Corps Military Personnel Records System	MMN 00006	Bond and Allotment System	MFD 00004	Joint Uniform Military Pay System/Manpower Management System	MFD 00003
SYSTEM DESCRIPTION	SYSTEM NUMBER									
Marine Corps Military Personnel Records System	MMN 00006									
Bond and Allotment System	MFD 00004									
Joint Uniform Military Pay System/Manpower Management System	MFD 00003									
3. ROUTINE USES <p>Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.</p>										
4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION <p>Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.</p>										
PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL										
<p>I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.</p>										
_____ Date	_____ Signature of the Individual	_____ Social Security No.								
PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS NAVMC 11000 (REV. 5-90) (EF) SN: 0109-LF-064-8800 (5211)										
<i>(File Original in OQR or SRB; Provide Copy to Individual)</i>										

Figure I-1. Privacy Act Documentation

APPENDIX J

INSTRUCTIONS FOR COMPLETION AND DISTRIBUTION OF DD FORM 4 ENLISTMENT/REENLISTMENT DOCUMENT FOR THE ARMED FORCES OF THE UNITED STATES

1. Scope of Instructions. The DD Form 4 is the basic document establishing a legal relationship between the United States Government and the enlisted members of the Armed Forces. This document is used for all reenlistments (immediate or broken) in the Marine Corps and Marine Corps Reserve.

a. Immediate reenlistments are authorized for TRs. RNCOs may complete an immediate reenlistment only after receiving authorization from the PSRO RI. If approved, a memorandum for the record will be completed and included in the reenlistment package. Applicants with less than twelve months remaining on their current IRR contract will be extended in accordance with Appendix G.

b. Recruiters shall complete the DD Form 4 in accordance with the current edition of the MPPM (MCO P1100.72). Recruiters should use the broken contract example in the completion of the DD Form 4 (Figure J-1).

c. Per the IRAM, responsibility and authority to make corrections to the DD Form 4 rests with the unit commander. The following fields on the DD Form 4 will require an AA form to be submitted to CMC (MMSB-10). Place a copy of the AA form behind page 2 of the DD Form 4 in the inspection package (Figure J-2).

- | | |
|-----------------------------------|-------------------|
| (1) Date of applicant's signature | (5) Rank |
| (2) Date of reenlistment | (6) Name |
| (3) Length of reenlistment | (7) SSN |
| (4) Branch of Service | (8) Date of birth |

2. General Instructions

a. In preparation, natural capitalization or all caps and natural spacing will be used.

b. If typed, the document must be black or blue-black ink capable of rendering each page suitable for reproduction by photographic or other duplicating process or use the current computer generated version.

- c. All copies must be legible.
- d. All signatures and initials must be original and in black or blue-black ink on the original only.
- e. Ensure that required items are correctly completed, typewriter strikeovers are prohibited. Errors require the complete retyping or reprinting of the document.

3. Detailed Instructions: BROKEN REENLISTMENTS

- a. Periods of reenlistment will be for 1, 2, or 3 years.
- b. The length of reenlistment for cases involving a CMC waiver will be for a period of up to but not to exceed that specified on the approval letter.
- c. The date format will be either (YYYYMMDD) such as 20030820 or 20 Aug 2003; whichever format that is used will be the same throughout the entire form.
- d. Inclusion of the UCMJ article 137 advisory:

Marine Corps policy requires that Marines reenlisting shall be informed of certain rights and penalties under the UCMJ as prescribed by article 137. Recruiters must have the designated UCMJ articles available for the applicant to read if they desire before they are reenlisted.

(1) The following language needs to be included on the DD Form 4 page one in the remarks field:

"Articles of UCMJ explained to me this date as required by article 137, UCMJ"

(2) Text of UCMJ Section 937, Article 137. Articles to be explained:

(a) The sections of this title (articles of the Uniform Code of Military Justice) specified in paragraph (3) shall be carefully explained to each enlisted member at the time of (or within fourteen days after):

- 1. the member's initial entrance on active duty;

2. the member's initial entrance into a duty status with a reserve component.

(b) Such section/articles shall be explained again:

1. after the member has completed 6 months of active duty or, in case of a member of a reserve component, after the member has completed basic or recruit training;

2. at the time when the member reenlists.

(c) This subsection applies with respect to sections 802, 803, 807-815, 825, 827, 831, 837, 838, 855, 877-934, and 937-939 of this title (articles 2, 3, 7-15, 25, 27, 31, 37, 38, 55, 77-134, and 137-139).

(d) The text of the Uniform Code of Military Justice, and of the regulations prescribed by the President under such Code, shall be made available to a member of a reserve component, upon request by the member, for the member's personal examination.

e. Distribution of the copies is as follows: Make three copies of the original document (signed and dated) with one being maintained with the recruiter files on the applicant, the second to be forwarded to the PSR Office for the inspection package, and the third goes to the applicant for their records.

(1) Distribution is as follows:

- (a) Copy (1) - HQMC (MMSB) (Only one with signatures)
- (b) Copy (2) - SRB/Unit
- (c) Copy (3) - RNCO residual
- (d) Copy (4) - Member

4. Detailed Instructions: IMMEDIATE REENLISTMENTS. Immediate reenlistments shall be completed in the same manner as broken reenlistments with the following additional entries:

a. Page 1: Do not complete blocks 7a and b.

b. Page 2: Draw one diagonal line through the first paragraph of item 13a.

ENLISTMENT/REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES					
PRIVACY ACT STATEMENT					
AUTHORITY: 5 USC 3331; 32 USC 706; 44 USC 709 and 3101; 10 USC 133, 268, 375, 804, 806, 810, 861, 872(a), 878, 837, 1067, 1071 through 1087; 1186, 1188, 1478 through 1480, 1583, 2107, 3122, 3012, 3031, 3012, 3033, 3486, and 3411; 14 USC 381 and 392; and Executive Order 9837, November 1943 (384).					
PERSONAL PURPOSES: To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of collecting the SSN is for positive identification.					
ROUTINE USES: This form becomes a part of the Service's Enlisted Member File and Field Personnel File. All uses of the form are internal to the relevant Service.					
DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.					
A. ENLISTMENT/REENLISTMENT IDENTIFICATION DATA					
1. NAME (Last, First, Middle) JONES BILLY BOB			2. SOCIAL SECURITY NUMBER 123456789		
3. HOME OF RECORD (Street, City, State, ZIP Code) 123 MAIN STREET ENCINO, CA 91422			4. PLACE OF ENLISTMENT (MOS, Installation, City, State) CO G (A) 2/25 RAMC RC ENCINO, CA		
5. DATE OF PREVIOUS ENLISTMENT/REENLISTMENT (YYYYMMDD) 20030113		6. DATE OF BIRTH (YYYYMMDD) 19721015		7. PAY GRADE UPON ENLISTMENT/REENLISTMENT	
				8. YEARS ABOVE MILITARY SERVICE	9. TOTAL SELECTIVE MILITARY SERVICE
				4	0
				4	0
B. AGREEMENTS					
8. I am <u>20</u> years of age or older residing in the United States (for branch of service) <u>MAINE CORPS RESERVE</u> this date for <u>2</u> years and <u>0</u> weeks beginning in pay grade <u>E-3</u>. The additional details of my <u>MAINE CORPS RESERVE</u> enlistment are in Section C and Annexes. <div style="text-align: center;">MAINE</div>					
a. FOR ENLISTMENT IN A DELAYED ENTRY/REENLISTMENT PROGRAM (DEP): I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in Item 4 above by <u>01 DEC 2003</u> for enlistment in the Regular component of the United States Air branch of service <u>MAINE CORPS RESERVE</u> for not less than <u>0</u> years and <u>0</u> weeks. My enlistment in the DEP is in a nonpay status. I understand that my period in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.					
b. REMARKS: (If none, so state.) ARTICLES OF THE UCMJ EXPLAINED TO ME THIS DATE AS REQUIRED BY ARTICLE 137, UCMJ					
c. The agreements in this section and attached annexes are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED. <small>(Initials of DEP participant)</small>					

DD FORM 41, JAN 2001




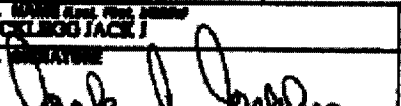
PREVIOUS EDITION MAY BE USED.

(Continued on reverse side.)

Figure J-1. DD Form 4, page 1

J-4

J-4

NAME OF ENLISTED REENLISTEE (Last, First Middle) JONES BILLY BOB		SOCIAL SECURITY NO. OF ENLISTED REENLISTEE 123456789	
D. CERTIFICATION AND ACCEPTANCE			
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEXES WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: <i>if none, X "NONE" and Initial</i> <input checked="" type="checkbox"/> NONE <i>(Initial of Applicant)</i></p>			
b. SIGNATURE OF ENLISTED REENLISTEE 		c. DATE SIGNED (YYYYMMDD) 2008 01 15	
<p>14. SERVICE REPRESENTATIVE CERTIFICATION</p> <p>a. On behalf of the United States (for branch of service) MARINE CORPS RESERVE, I accept this applicant for enlistment. I have witnessed the signature in Item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</p>			
b. NAME (Last, First, Middle) SMITH HAROLD E		c. PAY GRADE E-7	
d. SIGNATURE 		e. DATE SIGNED (YYYYMMDD) 2008 01 15	
f. UNIFORMED SERVICES PRIOR SERVICE RECRUITING SITE		g. UNIFORMED SERVICES ADDRESS (City, State, ZIP Code) 6337 BALBOA BLVD ENCINO, CA 91316	
E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
<p>15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):</p> <p>BILLY BOB JONES, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>			
<p>16. IN THE NATIONAL GUARD (ARMY OR AIR):</p> <p>BILLY BOB JONES, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.</p>			
<p>17. IN THE NATIONAL GUARD (ARMY OR AIR):</p> <p>I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (for branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.</p>			
b. SIGNATURE OF REENLISTMENT OFFICER 		c. DATE SIGNED (YYYYMMDD) 2008 01 15	
<p>18. REENLISTMENT OFFICER CERTIFICATION</p> <p>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.</p>			
b. NAME (Last, First, Middle) JACK J. JACK		c. PAY GRADE O-2	
d. SIGNATURE 		e. DATE SIGNED (YYYYMMDD) 2008 01 15	
f. UNIFORMED SERVICES CO O(-), 2/23		g. UNIFORMED SERVICES ADDRESS (City, State, ZIP Code) NAMCIC ENCINO, CA 91316	

DD FORM 4/2 JAN 2001

PREVIOUS EDITION MAY BE USED.

ADMINISTRATIVE ACTION (5210) NAVMC 10274 (REV. 3-83) (EF) <small>Previous editions will be used</small> <small>SR: 0100-LF-003-3280 U/L: PADS OF 100</small>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1. ACTION NO.</td> <td style="padding: 2px;">2. SER/FILE NO. 1100</td> </tr> <tr> <td colspan="2" style="padding: 2px;">3. DATE 981002</td> </tr> </table>	1. ACTION NO.	2. SER/FILE NO. 1100	3. DATE 981002	
1. ACTION NO.	2. SER/FILE NO. 1100					
3. DATE 981002						
4. FROM (Grade, Name, SSN, MOS, or CO, Pers. O., etc.) Prior Service Recruiting NCO (Type your Rank and Name, DO NO INCLUDE YOUR SSN)	5. ORGANIZATION AND STATION (Complete address) PRIOR SERVICE RECRUITING SITE NAMCRC, BLDG #1000 ANYTOWN, CA 92101-1234					
6. VIA (As required) CO, H&S Co, 2/23*						
7. <div style="border: 1px solid black; padding: 5px; width: 300px;"> TO: COMMANDANT OF THE MARINE CORPS (MMSB-10) HQ MARINE CORPS 2008 ELLIOT ROAD QUANTICO, VA 22134-5002 </div>	8. NATURE OF ACTION/SUBJECT CORRECTION OF DD FORM 4/1 AND DD FORM 1966/1 OF SGT BILLY B. JONES 123-45-6789/0311 USMCR 9. COPY TO (As required) (1)SNM**					
10. REFERENCE OR AUTHORITY (If applicable) (a) MCO P1070.12	11. ENCLOSURES (If any) (1) SUBJECT DD FORM 4/1 (2) SUBJECT DD FORM 1966/1					
12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below last) 1. Errors were made in the completion of the subject documents. Per the reference, the correct information is as follows: DD Form 4/1: Block 6 should read "631128" DD Form 1966/1: Block 20c should read "880901" 2. It is requested that the via addressee make the necessary pen changes to the subject documents and initiate the proper unit diary entries. 3. This Administrative Action form is provided to CMC (MMSB-10) for inclusion in the SNM's official record. <div style="text-align: center;"> I. M. RECRUITER SSGT USMCR </div>						
NOTE: *This is the unit you joined SNM to. If the applicant has since dropped to the IRR, type in "CG, MCRSC (PMD-1)" and forward it to the Regional Office. **MAKE SURE SNM IS PROVIDED WITH A COPY OF THIS FORM						
13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)						

Designed using FormFlow 2.15, NDMCJAAE May 86

Figure J-2. NAVMAC 10274 AA Form

**INSTRUCTIONS FOR COMPLETION OF ENLISTMENT/REENLISTMENT DOCUMENT FOR THE
ARMED FORCES OF THE UNITED STATES (DD FORM 4, MAY 1988 EDITION)**

1. Scope of Instructions. The DD Form 4 is the basic document establishing a legal contract between the United States government and the enlisted member of the Armed Forces. This document is used for all original enlistment and reenlistments (immediate, continuous, or broken) in the Marine Corps or Marine Corps Reserve. The instructions contained herein apply to the preparation and distribution of the DD Form 4 for original enlistments in the Marine Corps and Marine Corps Reserve, and reenlistments (broken and continuous) in the Marine Corps.

a. Each Marine Corps recruiting station and/or Military Entrance Processing Station is responsible for original enlistments and reenlistments as a result of continuous or broken service into the Regular Marine Corps, and original enlistments into the Reserve component.

b. Reserve units are responsible for reenlistments (whether continuous or broken service) into the Reserve component and are therefore guided by MCO P104R.35 (Marine Corps Reserve Career Planning Guide).

2. General Instructions

a. Use either a natural or all-capitalization format in preparing the form (examples shown below use the all-capitalization format). Do not mix formats during preparation.

b. Type the document using a ribbon that will produce black impressions capable of rendering each page of the document suitable for reproduction by photographic or other duplicating process. Ensure all copies are legible.

c. All signatures and initials are required on the original only (removal of the carbons is required prior to signature and required initials). Use black ink for signatures and initials.

d. Take special care to ensure that required items are correctly completed without typewriter strikeouts. The applicant concerned and the enlisting officer will initial any erasures or corrections on all copies of the document.

e. Erasures or corrections to the following are prohibited. Errors in these items will necessitate a completely new re-type of the document.

- (1) item 5 - "DATE OF ENLISTMENT/ REENLISTMENT"
- (2) item 8 - (service period of enlistment and pay grade)
- (3) any items in Sections D - "CERTIFICATION AND ACCEPTANCE"
- (4) any items in section E - "CONFIRMATION OF D-1 ENLISTMENT OR REENLISTMENT"

Figure J-3. DD Form 4 Instructions

f. Errors discovered after the enlistment or reenlistment has been effected and the enlistee/reenlistee has departed the MEPS or effecting activity must be corrected per the instructions contained in paragraph 5000.7b of MCO P1070.12 (IRAM). See also paragraph 4304 and table 4-3 on page 4-67 of this Manual.

g. Prior to signing the completed form, the service representative who accepts an applicant for enlistment or reenlistment will verify typed entries for correctness and explain all applicable parts of the document to the applicant.

h. Enter **all** dates on the DD Form 4 in year, month and day format. For example: **7 July 1997** will be entered as **97 JUL 07**.

3. Detailed Instructions

a. SECTION A - ENLISTEE/REENLISTEE IDENTIFICATION DATA

(1) Item 1: NAME. Enter full last name (including compound name, if applicable), first name, middle name(s), and any suffixes, such as Jr., Sr., III, etc. If the enlistee was given an initial or initials rather than a first and/or middle name, enter such initial or initials. If there is no middle name or initial, make no entry for the middle name. Do not use punctuation of any sort, including apostrophes, periods, or hyphens. Spaces will not be inserted between sections of compound names, nor used as a substitute for apostrophes or hyphens. For example:

VANCE ROBERT LEMONT
JOHNSON D J
PRITCHETT BRIAN
CLINTON WILLIAM JEROME
LAFORGE EUGENE EDWARD
SMITH NORRIS DARIUS

(a) Applicants who use apostrophes, hyphens, or spaces between letters in their names will not have these grammatical provisions reflected as a part of their official name on military records.

(b) If, through court action, an applicant has changed their name from that shown on the birth certificate, record the birth name in item 8b "Remarks." If the preferred enlistment name (item 1) is not the same as that on the birth certificate and has not been changed by the legal procedures prescribed by the state law, ensure that item 39 of the DD Form 1966 is completed. In either case, whatever name an applicant chooses, that name must match the applicant's name as shown on their social security card (the card, however, may reflect either a middle initial or a full middle name).

(c) Except in the case of court action (e.g., marriage), once an applicant has enlisted into the DEP or the SMCR awaiting IADT, they will not be permitted to change their name prior to completion of recruit training. This name will be used on all enlistment documents as it appears in item 1 of the DD Form 4.

(2) Item 2: SOCIAL SECURITY NUMBER. Enter the applicant's SSN. Separate divisions with a hyphen. For example: 126-22-2328.

(a) Applicants without a valid SSN are ineligible for enlistment in the Marine Corps or Marine Corps Reserve.

(b) The enlistee's SSN will be entered throughout the form as it appears in items 1 and 2.

(3) Item 3: HOME OF RECORD. Enter the street, city, state, and zip code claimed by the individual as their legal residence/home of record. For example: 9261 LONGRIDGE, BEAUFORT, SC 29902.

(4) Item 4: PLACE OF ENLISTMENT/REENLISTMENT. "X" out the word "ENLISTMENT" or "REENLISTMENT", as appropriate. Enter the organization, city, and state of the enlisting/reenlisting activity. Abbreviations may be used. For example: MEPS, FT HAMILTON, NY.

(5) Item 5: DATE OF ENLISTMENT/REENLISTMENT. "X" out the word "ENLISTMENT" or "REENLISTMENT", as appropriate. Enter the effective date (the commencement date of the contract) in year, month, and day format.

(6) Item 6: DATE OF BIRTH. Enter in year, month, and day format.

(7) Item 7: PREV MIL SVC UPON ENL/REENLIST. If claimed, the enlistee must substantiate the previous military service before credit can be given. Enter, in the spaces provided, total active military service and total inactive military service (to include time in the DEP) completed at the time of the enlistment/reenlistment. Enter year, month, and day totals in two positions each. Precede singular digits with a "0." If the applicant has no prior military service, enter "00" for year, month and day. Complete all blocks. "X" out the abbreviation "ENL" or "REENLIST," as appropriate.

b. SECTION B - AGREEMENTS

(1) Item 8. Immediately following the words "I am," "X" out the word "enlisting" or "reenlisting," as appropriate. In the space provided, enter "MARINE CORPS" or "MARINE CORPS RESERVE," followed by the Arabic number of years for which enlisting (For example: 8). Enter the pay grade in which enlisting/reenlisting in the space provided (For example: E-1). In the next sentence, "X" out the word "enlistment" or "reenlistment", as appropriate, and record any annexes used in effecting the agreement between the enlistee/reenlistee and the Marine Corps. If there are none, enter "NONE."

(a) Enlistees in the Delayed Entry Program (DEP) are enlisting in the Marine Corps Reserve.

(b) Enter the number "8" in the space for the number of years for all applicants enlisting for their military service obligation. Special attention must be given in the case of prior service reenlistees. Two-year terms of enlist are authorized for broken/continuous reenlistees only.

(c) Weeks are not used in USMC enlistments/reenlistments. Leave this space blank.

(2) Item 8a. Enter the date the individual will commence active duty. Enter "Marine Corps" in the space provided for the branch of service. Enter the actual number of years for which the individual intends to enlist in the Regular component after being discharged from the DEP.

(a) Weeks are not used. Leave this space blank.

(3) Item 8b. Record any remarks applicable to the agreement. If there are no remarks, enter "NONE."

(4) Item 8c. All enlistees/reenlistees will initial in the space provided. Initials will appear on the original document only. Immediately following the words "Initials of," "X" out the word "Enlistee" or "Reenlistee", as appropriate.

c. SECTION C - PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

(1) All enlistees/reenlistees will read items 9, 10, 11.

(2) All male enlistees/reenlistees will read item 12.

(3) Make no annotations in this section.

d. SECTION D - CERTIFICATION AND ACCEPTANCE.

(1) Item 13a. Any promises that were made as inducements to enlist/reenlist (if not otherwise recorded in the attached annexes) should be recorded here. If there were none, the applicant will "X" the "NONE" block and initial in the space provided. "X" out the word "enlistee" or "reenlistee", as appropriate.

(2) Items 13b and 13c: SIGNATURE OF ENLISTEE/REENLISTEE and DATE SIGNED. Immediately following the words "SIGNATURE OF," "X" out the word "ENLISTEE" or "REENLISTEE," as appropriate. The applicant will sign their full name. Enter the date in year, month, and day format on the original document only. The date in items 13c and 14f must agree.

(3) Service Representative Certification.

(a) Item 14a. In the space provided, enter "MARINE CORPS" or "MARINE CORPS RESERVE," as appropriate.

(b) Items 14b - 14g. In the appropriate blocks, enter the name in last name, first name and middle initial sequence, pay grade (for example: E-8), unit/command name, date signed and unit/command address of the service representative accepting the applicant for enlistment/reenlistment. The date in items 13c and 14f must agree.

(c) Item 14e: SIGNATURE. Prior to signing, the service representative (identified in item 14b) will verify correctness of entries and explain all applicable paragraphs of the document to the applicant. The representative will sign in first name, middle initial and last name sequence (initials and last name are acceptable) on the original document only.

e. SECTION E: CONFIRMATION OF ENLISTMENT OR REENLISTMENT

(1) Item 15. Immediately following the letter "I," in the space provided, type the enlistee's full first, middle, and last name, and any suffix. Do not use punctuation of any sort, including periods or dashes. For enlistees electing to affirm their oath of enlistment, strike out the words "swear or" in the body of the oath and the words "So help me God" at the end of the oath. The official who reads, and the enlistee who repeats, the oath will omit the stricken words.

(2) Item 16. No entry required. Line out with a diagonal line.

(3) Item 17. NO entry required. Line out with a diagonal line.

(4) Items 18a and 18b: SIGNATURE OF ENLISTEE/REENLISTEE and DATE SIGNED. "X" out the word "ENLISTEE" or "REENLISTEE," as appropriate. The applicant will sign full name. Enter the date in year, month and day format on the original document only. The date in items 18b and 19f must agree.

(5) Item 19a. Words stricken from the applicant's oath (item 15) should also be stricken from the officer's certification in this block.

(6) Items 19b - 19g. In the appropriate blocks, enter the name of the officer who administered the oath (in last name, first name and middle initial sequence), pay grade (for example: 0-5), unit/command name, date signed (in year, month and day format), and unit/command address. This officer will sign in first name, middle initial and last name sequence (initials and last name are acceptable) on the original document only. The date in items 18b and 19f must agree.

(a) No further entries are required for those enlisting in the Marine Corps Reserve.

(7) At the top of page 4/3 of the form, enter the enlistee's last, first and middle name (or initial). If, through court action (e.g. marriage), this name differs from the name given on the date the individual enlisted into the DEP (or SMCR awaiting IADT), ensure that this new name is corrected throughout all enlistment documents and that appropriate remarks are made (see also item 1 (ii)).

f. SECTION F: DISCHARGE FROM DELAYED ENTRY/ENLISTMENT PROGRAM

(1) Item 20a. In the space provided for the branch of service, enter "MARINE CORPS." Enter the appropriate Arabic number in the space provided for the number of years. See note 2, below, for instructions regarding that portion pertaining to enlistment options.

(a) Weeks are not used in USMC enlistments. Leave this space blank.

(b) If enlistment options or programs have changed since original enlistment into the DEP (or SMCR awaiting IADT), enter in the first space for "Annex," the new annex(es). In the second space for "Annex," enter the old annex(es). Although the old annex(es) are superseded, they will not be detached from the form. New annex(es), if applicable, will be added. If there are no change(s) to enlistment options, enter "N/A" in both spaces.

(2) Items 20b and 20c: SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE and DATE SIGNED. At the time of enlistment into the Regular component, the delayed enlistee will sign full name. Enter the date in year, month and day format on the original document only. For enlistees who immediately commence active duty for training, insert the words "NOT APPLICABLE" in item 20b.

g. SECTION G - APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

(1) Item 21a. In the space provided for branch of service, enter "MARINE CORPS." Enter the appropriate pay grade in the space provided (for example: E-2.)

(2) Items 21b - 21g. In the appropriate blocks, enter the name in last name, first name and middle initial sequence, pay grade (for example: E-8), unit/command name, date signed, and unit/command address of the service representative accepting the enlistee's application.

(3) Item 21e: SIGNATURE. Prior to signing, the service representative (identified in item 21b) will verify correctness of entries and explain all applicable paragraphs of the document to the applicant. The representative will sign in first name, middle initial, and last name sequence (initials and last name are acceptable) on the original document only.

(a) This individual will not be a MEPS processing officer or other MEPS personnel.

h. SECTION H: CONFIRMATION OF ENLISTMENT OR REENLISTMENT

(1) Item 22a. Immediately following the letter "I," in the space provided, type the enlistee's full first, middle, and last name, and any suffix. Do not use punctuation of any sort, including periods or dashes. For enlistees who elect to affirm their oath rather than swear to it, strike out the words "swear or" in the body of the oath and the words "So help me God" at the end of the oath. The official who reads, and the enlistee who repeats, the oath will omit the stricken words.

(2) Items 22b and 22c: SIGNATURE OF ENLISTEE/REENLISTEE and DATE SIGNED. "X" out the word "REENLISTEE." The enlistee will sign full name. Enter the date in year, month, and day format on the original document only. The date in items 22c and 23f must agree.

(3) Item 23a. Words stricken from the oath (item 22a) should also be stricken from the officer certification in this block.

(4) Items 23b - 23g. In the appropriate blocks, enter the name of the officer who administered the oath (in last name, first name and middle initial sequence), pay grade (for example: 0-5), unit/command name, date signed (in year, month and day format) and unit/command address. This officer will sign in first name, middle initial and last name sequence (initials and last name are acceptable) on the original document only. The date in items 23f and 22c must agree.

4. Disposition Instructions. The original DD Form 4 and all required copies thereof will be distributed as specified in table 4-3 of this Manual.

Figure J-3. DD Form 4 Instructions

APPENDIX K

INSTRUCTIONS FOR COMPLETING THE RECORD OF MILITARY PROCESSING ARMED FORCES OF THE UNITED STATES (DD FORM 1966)

1. Scope of Instruction

a. The DD Form 1966 is the basic document for the applicant's Service Record Book, Headquarters Marine Corps official file.

b. Recruiters are responsible for completing the DD Form 1966 on all applicants who are off contract and that reenlist into the MCR.

2. General Instructions. The DD Form 1966 is the document used by the unit diary to reenter the member into the MCTFS. This form contains specific codes and dates that affect the member's pay, promotion, etc., ensure that all required items are correctly completed.

3. Detailed Instruction

a. Recruiters will record only information since the applicant's last affiliation with the Marine Corps.

b. Recruiters will utilize the current electronic version when completing a DD Form 1966. Previous editions are obsolete.

c. Figure K-1 contains the specific instructions and codes for the proper completion of the DD Form 1966.

d. Figure K-2 is an example of how to complete an electronic version properly; there are no written Marine Corps instructions for this version of the form. Use Figures K-1, K-2 and the instructions in paragraph (e) below for proper form completion.

e. Specific instructions for electronic AUG 1997 edition:

(1) Block B: Do not enter number of days of prior service, leave this area blank

(2) Block 5: Do not enter a code for the citizenship in this area, "X" the appropriate remarks.

(3) Block 6: Use "M" for male and "F" for female.

(4) Block 7a: If the applicant claims one of these racial categories, "X" the appropriate box and enter the code.

(5) Block 7b: If the applicant claims Hispanic, place an "X" in (1) Hispanic. If the applicant claims an ethnic group, place an "X" in 7b.(2) and enter it as claimed. Do not enter codes for ethnic category on the form.

(6) Block 9: Enter the number of dependents in a single digit format vice double digit.

f. Service periods entered in SECTION VI - REMARKS will reflect changes in component, not changes of participation within a component. For example, a Marine who served his entire tour with the MCR would have one column listing his start and stop date while in the USMCR (this would include his time on IADT and any other active duty time served).

g. For computation of time in service, see Figure K-3. All verifiable periods of service will be counted when computing time in service. All of the source documents used to verify the time will be in the accession package. Credit for service cannot be given without proof sources.

(1) For service computations use the following rules: When subtracting dates from dates, add an inclusive day. When subtracting time from dates, do not add or subtract an inclusive day.

(2) For correction of items on the DD Form 1966 the following noted discrepancies will be corrected by use of an Administrative Action Form, refer to figure J-2:

(a) DIEUS and DIERC

(b) Name, SSN, DOB, Accession data enlistment date, Pay entry base date, TOE (term of enlistment), pay grade, date of grade, PMOS.

(3) For conflicting proof sources:

(a) Marines entering the DEP prior to 1 Oct 79 had a six year Military Service Obligation (MSO). That six year MSO

started the day they initially entered the DEP as did the PEBD.

(b) Marines entering the DEP between 1 Oct 79 and 31 May 84 had a six year MSO. That six year MSO started the day they entered active duty. The PEBD starts on the day they entered the DEP.

(c) Marines entering the DEP between 1 Jun 84 and 31 Dec 84 had an eight year MSO. That eight year MSO and PEBD started the day they entered the DEP.

(d) Marines entering the DEP from 1 Jan 85 to present have an eight year MSO. This eight year MSO starts the day they enter the DEP. However, the PEBD of a Marine entering the DEP after 1 Jan 85 is computed from the first day they enter active duty. The time spent in the DEP counts for the MSO, but not for pay purposes.

(e) K4, K8, and K9 reservists fall under a different rule. If they initially entered prior to 28 Nov 89, their MSO and PEBD began on the same day. On or after 28 Nov 89, MSO began the day the applicant entered the DEP. Their PEBD however, starts the date of initial entry to active duty.

(f) File the working copy of Figure E-3 in accordance with paragraph 3003.4.

(g) Copies of the DD Form 1966 that are maintained in the reenlistment package must be legible.

(4) Grade and Date of Rank for prior service applicants will be determined as follows:

(a) Discharged less than one year - assign original grade at separation and date of rank.

(b) Discharged more than one year but less than three years, the applicant will retain original grade at time of separation and have the time in grade reconstructed. Utilize Figure K-4 for rank computations.

(c) Date of rank for those applicants requiring a waiver will be stated on the waiver approval.

5100.2 (d) For further guidance, see MCO P1040R.35B para

(e) Distribution of the copies is as follows:

- (i) HQMC (MMSB)
- (ii) Unit diary clerk
- (iii) SRB/Unit
- (iv) RNCO residual
- (v) Member

h. MCO P1100.72B (MPPM ENLPROC) chapter 3, para. 3291 (2)(j), defers authority for prior service enlistments into the SMCR to the Prior Service Recruiting Service. The Head, RD shall determine all policy and procedures for recruiters to use in the completion of enlistments into the Ready Reserve.

i. Proof source documents verifying the enlistment data recorded on the DD Form 1966 pages 1 and 3 are required for the following fields only:

- (1) Name
- (2) Social Security Number
- (3) Service periods
- (4) Lost time
- (5) Grade
- (6) Date of rank
- (7) PMOS
- (8) Component
- (9) DOB
- (10) Education level

Item	Title	Code	Entry, Description, and/or Explanation
A	SERVICE PROCESSING FOR DMV	DMR	Enter appropriate three-digit code: Marine Corps Active Marine Corps Reserve
B	PRIOR SERVICE YES NO # of DAYS		Enter: "X" if applicant has prior service. Enter: "X" if applicant has no prior service. Enter: the number of days of prior service.
B(1)	DIEUS		Date of Initial Entry in Uniformed Services. Enter: In YYMMDD format, the date the applicant was first appointed, enlisted, or conscripted into any Uniformed Service of the U.S. "Uniformed Services" to include Army, Navy, Marine Corps, Air Force, Coast Guard (and their reserve/Guard components to include the DEP), Public Health Service, and the National Oceanic and Atmospheric administration. Also, include time enlisted as a reserve in the senior ROTC program, or as a scholarship cadet or midshipman under 10 USC 2107 or 2107(A), and entrance as a cadet or midshipman at the U.S. Military, Naval, Air Force, or Coast Guard Academies (do not include the U.S. Merchant Marine Academy).
B(2)	DIREC		Date of Initial Entry into a Reserve Component. Enter: In YYMMDD format, the date the applicant affiliates, or enlists, into any Reserve Component (non-extended active duty) for the first time. This excludes all time in the DEP, ROTC program, or professional appointment programs. Leave blank if the applicant is not entering, and has never previously entered, Reserve Component (i.e., is entering directly into an Active component).
C	SELECTIVE SERVICE CLASSIFICATION		Leave blank unless applicants are being classified by the Selective Service system in accordance with the Military Selective Service Act.

Figure K-1. DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
D	SELECTIVE SERVICE REGISTRATION NUMBER		Enter Registration number, if applicable. Otherwise, leave blank. Applicants not registered will be automatically registered upon completion of the DD Form 4 and accessing onto active duty. Not applicable to female applicants.
SECTION I - PERSONAL DATA			
1	SOCIAL SECURITY NUMBER		Enter: 9 digits in the appropriate blocks. This is a mandatory entry.
2	NAME		Enter: Last, first, middle name (& maiden, if any), Jr., Sr., etc. Examples: FREELAND JACQUELINE DORIS OBRIEN ANTHONY J JR RUIZSOTO J JORGE
	NOTE: If, through court action the applicant's name has changed from that shown on their birth certificate, record the original name on the form in Section VI - REMARKS. However, if the applicant has effected a legal name change, the name reflected on the applicant's social security card must agree with the legal/preferred name used on the enlistment form. If not, an SS-5 form "Request for Change of Social Security Record" must be completed and submitted to the nearest Social Security Administration district office to change the Social Security record. Aliens cannot use "preferred" names. Enlistment records must match INS Records (i.e., DD 1966 matches INS-551).		
3	CURRENT ADDRESS		Enter: Street, city, county, state, country, and zip code, as of date of application.
4	HOME OF RECORD ADDRESS		Enter: Street, city, county, state, country, and zip code, declared by the applicant as their permanent/actual home at time of enlistment. If this address is the same as the address shown in Item 3, enter "Same as Item 3." Do not enter a temporary address.
5	CITIZENSHIP	CA	ENTER: "X" in block a if applicant is a U.S. citizen at birth. Also, Enter: "X" in the (1) CC "Native Born, or (2) "Born of U.S. Parents", as appropriate.
		CD	Enter: "X" in "U.S. Naturalized" if a naturalized citizen (block b).
		AA	Enter: "X" in U.S. Non-Citizen National" if not a citizen of the United States, but owes principal allegiance to the USA (for example, if born in America Samoa or Swains Islands) (block c).

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
5	CITIZENSHIP	NY	Enter "X in "Immigrant Alien (Specify)" block d, if an immigrant alien and has not declared intention to obtain U.S. citizenship by filing INS Form N-315, N-321, or N-325. Specify applicant's country of citizenship.
		ND	Enter "X in "Immigrant Alien (Specify)" block d, if an immigrant alien and has declared intention to obtain U.S. citizenship by filing INS Form N-315, N-321, or N-325.
		NY	Enter: "X" in "Non-Immigrant Foreign National (Specify)", block e, if non-immigrant foreign national and allowed to enlist in the service (such as citizens of the Northern Marianas Islands (NMI), Republic of the Marshall Islands (RMI), or Federated States of Micronesia (FSM)), who are treated as though they are U.S. citizens; or citizens of the Republic of the Philippines (RP) authorized enlistment in the Navy.
6	SEX		Enter: "X" in the appropriate block.
7a	RACIAL CATEGORY	R N M C X	Enter: "X" on line (1) "American Indian/Alaskan Native" Enter: "X" on line (2) "Black/ Negro/ African-American" Enter: "X" on line (3) "Oriental/Asian/ Pacific Islander" Enter: "X" on line (4) "White/Caucasian" Enter: "X" on line (5) "Other," specify
7b	ETHNIC	8 G 9 7 5 D J K S E 6 W L 4 2 V 3 1 Q X Z	Aleut Chinese Cuban Eskimo Filipino Indian Japanese Korean Latin American with Hispanic Descent Melanesian Mexican Micronesian Polynesian Puerto Rican U.S./Canadian Indian Tribes Vietnamese Other Asian Descent Other Hispanic Descent Other Pacific Island Descent Other Unknown

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
8	MARITAL STATUS	A D I L M S W	Annulled Divorced Interlocutory Legally Separated Married Single Widowed(er)
9	NUMBER OF DEPENDENTS	00 01 02 03	Enter: Number of persons totally or partially dependent on applicant for their support. If none, enter "00". None 1 Dependent 2 Dependents 3 Dependents, etc
	NOTE: An applicant's dependent pay and allowances will be determined after enlistment. The applicant's indication of dependents does not necessarily qualify them for financial assistance or allowances, and imposes no liability on the Armed Forces for their support.		
10	DATE OF BIRTH		Enter: Six digit date in YYMMDD format Example: April 5, 1970, will be entered as "700405."
11	RELIGIOUS PREFERENCE		OPTIONAL ITEM; APPLICANT DOES NOT HAVE TO ANSWER. If the applicant responds to this question, refer to the Consolidated List of Religious Preferences below. If the preference is listed below, enter it as shown. If not listed, enter the complete name of the applicant's religious preference in item 13.
		DA DB DC CA 06 CH CI A0 GB BA AA 04 LA B0 75 BB 10 DD CD BH AB BC 12	Advent Christian Church African Methodist Episcopal Church African Methodist Episcopal Zion Church American Baptist Association American Baptist Churches American Baptist Convention American Baptist Churches of the USA American Council of Christian Churches American Lutheran Church, The Anglican Orthodox Church, The Asbury Bible Churches Assemblies of God Associate Reformed Presbyterian Church (General Synod) Associated Gospel Churches, The Atheist Baptist Bible Fellowship Baptist - Churches Other Baptist General Conference Baptist Missionary Association of America Bible Presbyterian Church Bible Protestant Church Brethren in Christ Fellowship Brethren Church

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
11	RELIGIOUS PREFERENCE (contd)	14	Buddhism
		JT	Central Bible Church
		24	Christian Church (Disciples of Christ)
		JB	Christian Churches and Churches of Christ
		BD	Christian Crusade
		DE	Christian Methodist Episcopal Church
		JA	Christian and Missionary Alliance
		13	Christian-No Denominational Preference
		DF	Christian Reformed Church
		16	Christian Science (First Church of Christ, Scientist)
		18	Church of Christ
		20	Church of God
		DG	Church of God (Anderson, IN)
		JC	Church of God (Cleveland, TN)
		DV	Church of God General Conference
		19	Church of God in Christ
		DH	Church of God in North America
		ED	Church of God of Prophecy
		38	Church of Jesus Christ of Latter Day Saints (LDS)
		50	Church of Nazarene
		JD	Church of United Brethren in Christ
		EP	Churches of Christ
		JE	Churches of Christ in Christian Union
		DX	Churches of God General Conference
		AC	Congregational Methodist Church
		JF	Conservative Baptist Association of America
		JG	Conservation Congressional Christian Conference
		FB	Jewish Conservative
		LB	Cumberland Presbyterian Church
		53	Eastern Orthodox Churches
		JH	Elim Fellowship
		JV	Elim Missionary Assemblies
		47	Evangelical Church Alliance, The
		45	Evangelical Church of North America
		DJ	Evangelical Congregational Church
		46	Evangelical Covenant Church in America
		JJ	Evangelical Free Church of America
		JK	Evangelical Friends Alliance
		GD	Evangelical Lutheran Church, Association
		JL	Evangelical Methodist Church
		AD	Evangelical Methodist Church of America
		EJ	Fellowship of Grace Brethren Churches
		JU	Free Lutheran Congregation, The Association of
		NB	Free Methodist Church of North America
		CE	Free Will Baptists
		DJ	Free Will Baptists, NC State Convention of
		32	Friends
		55	Full Gospel Pentecostal Assoc., The

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
11	RELIGIOUS PREFERENCE (contd)	AE	Fundamental Methodist Church, Inc.
		CF	General Association of General Baptists
		CG	General Association of Regular Baptist Churches
		DO	General Commission of Chaplains and Armed Forces Personnel
		JS	General Conference of the Brethren Church
		05	Grace Gospel Fellowship
		49	Hindu
		07	Independent Baptist Bible Mission
		BE	Independent Baptist Churches
		AF	Independent Churches Affiliated
		E0	Independent Denominational Endorsing Agencies
		AG	Independent Fundamental Bible Churches
		EH	Independent Fundamental Churches of America
		BF	Independent Lutheran Church
		JM	International Church of the Foursquare Gospel
		34	Jehovah's Witnesses
		36	Judaism
		JW	Kansas Yearly Meeting of Friends
		40	Lutheran Churches
		GA	Lutheran Church in America
		GC	Lutheran Church Missouri Synod
		GA	Lutheran Council in the USA
		44	Methodist Churches
		AK	Methodist Protestant Church
		AL	Militant Fundamental Bible Churches
		JR	Missionary Church, The
		JX	Missionary Church, Association
		DM	Moravian Church
		48	Muslim
		DN	National Association of Congregational Christian Churches
		J0	National Association of Evangelicals
		09	National Association of Free Will Baptists
		DP	National Baptist Convention of America
		DQ	National Baptist Convention, USA
		00	No Preference Recorded
		01	No Religious Preference
		DR	North American Baptist Conference
		JY	Ohio Yearly Meeting of Friends
		JN	Open Bible Standard Churches, Ind
		FC	Orthodox Judaism
		LE	Orthodox Presbyterian Church, The
		74	Other Religions
		56	Pentecostal Churches
		JP	Pentecostal Church of God of America, Inc.
		JQ	Pentecostal Holiness Church

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
11	RELIGIOUS PREFERENCE (contd)	EK	Plymouth Brethren
		58	Presbyterian Churches
		LH	Presbyterian Church in America
		LC	Presbyterian Church in the USA
		LJ	Presbyterian Council for Chaplains and Military Personnel
		NC	Primitive Methodist Church, The
		DS	Primitive Methodist Church, USA
		DT	Progressive National Baptist Convention, Inc.
		26	Protestant Episcopal Church
		72	Protestant-No Denomination Preference
		70	Protestant-Other Churches
		FA	Reform Judaism
		60	Reformed Churches
		DU	Reformed Church in America
		EL	Reformed Church in the U.S.
		EM	Reformed Episcopal Church
		LF	Reformed Presbyterian Church
		EN	Reorganized Church of Jesus Christ of Latter Day Saints
		62	Roman Catholic Church
		64	Salvation Army, The
		DY	Schwenkfelder Church, The General
		02	Seventh-Day Adventists, Conference of
		DW	Seventh Day Baptist, General Conference of
		08	Southern Baptist Convention
		NE	Southern Methodist Church
		BG	Southwide Baptist Fellowship
		DZ	Swedenborgian Church, General Conference
		AH	Tioga River Christian Conference
		AJ	Ukrainiana Evangelical Baptist Conference
		66	Unitarian Universal Association
		AM	United Christian Church
		68	United Church of Christ
		NA	United Methodist Church, International
		57	United Pentecostal Church, International
		LD	United Presbyterian Church, Evangelical Synod
		LG	United Presbyterian Church in the USA
		99	Unknown
		ND	Wesleyan Church, The
		CJ	World Baptist Fellowship
12	EDUCATION		Enter: First 2 digits representing highest grade/year of education successfully completed at a traditional school. Example: Enter "12" if the applicant completed 12th grade.
			NOTE: The applicant must provide documentation verifying the level of education claimed.
		01	Completed 1st Grade
		02	Completed 2nd Grade
		03	Completed 3rd Grade

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
12	EDUCATION Note: These codes are for the first two digits.	03	Completed 3rd Grade
		04	Completed 4th Grade
		05	Completed 5th Grade
		06	Completed 6th Grade
		07	Completed 7th Grade
		08	Completed 8th Grade
		09	Completed 9th Grade
		10	Completed 10th Grade
		11	Completed 11th Grade
		12	Completed 12th Grade
		13	Completed 1 year of college
		14	Completed 2 years of college
		15	Completed 3 years of college
		16	Completed 4 years or more of college (excludes master's degree and first professional - use 17 or 18 as appropriate).
		17	Master's. A certificate conferred upon completion of additional academic requirements beyond the baccalaureate or first professional degree, but below the doctorate level.
		18	First Professional. A certificate conferred upon completion of the academic requirement for a selected profession. Post-masters. Completion of additional academic requirements beyond the "master's degree" level.
		19	Doctorate. A certificate conferred in recognition of the highest academic achievement within an academic field (excludes honorary degree and first professional degrees).
	Note: The codes listed below represent the third digit only. This third digit denotes the educational category. Tier level is also associated with this third digit, but is for recruiter informational purposes only (Tier level is not recorded on the 1966 form). Tier level is the number in parenthesis "(_)" shown next to the Educational Category Code, below.		
	Less than high school diploma	1 (3)	Status of an individual who is not currently attending high school and who is neither a high school graduate nor an alternate high school credential holder.
	Correspondence school	7 (2)	A secondary diploma or certificate upon completion of correspondence school course, regardless of whether the diploma was issued by a correspondence school, state, or secondary or post-secondary educational institution. This is considered an alternate high school credential.

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
12	EDUCATION (contd)		
	Completed one semester of college/ post-secondary	8 (1)	The status of an individual who has attended and successfully completed (15 semester hours/22 quarter hours of college, regardless of high school /grammar school education. "Successfully completed" means that the individual earned college level credits toward a degree in higher education from an institution listed in the current version of the AIPE. The individual must have completed college level credits (100 level or higher). See Paragraph 3241.1a(2).
	Adult Education	B (1)	An individual who has earned a diploma on the basis of attending and completing an adult education or "external" diploma program, regardless of whether the diploma was issued by a state or by a secondary educational institution. To categorize adult education diploma holders as Tier 1 accessions, their educational program must include attendance which is comparable to that of traditional high schools.
	Occupational	C (2)	An individual who has attended a vocational/technical or proprietary school for at least 675 classroom hours and possesses a certificate of attendance or completion indicating such. Correspondence schools offering vocational certificates are not included. This is considered an alternate high school credential.
	Associate Degree	D (1)	A certificate conferred upon completion of a 2-year program at a junior/community college, university, or technical institute.
	Test-based Equivalency	E (2)	A diploma or certificate of General Education Development (GED) or other test-based high school equivalency diploma. This includes state-wide testing program such as the California High School Proficiency Examination (CHSPE), whereby examinees may earn a certificate of competency or proficiency. A state or locally issued secondary school diploma obtained solely on the basis of such equivalency testing is not to be considered a high school diploma. This is considered an alternate high school credential.
	Professional nursing diploma	G (1)	A certificate conferred upon completion of a 3-year hospital School of Nursing program.

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
12	EDUCATION (contd)		
	Home study Diploma	H (2)	A secondary school diploma or certificate, typically awarded by a state, based upon certification by a parent or guardian that an individual completed his/her secondary education at home. This is considered an alternate high school credential.
	High school Certificate of attendance	J (2)	An attendance-based high school certificate, diploma, or verification letter substantiating attendance together with transcripts showing attendance through the 12th grade. These are sometimes certificates of competency or completion, but are based on course completion rather than on a test, such as the GED or CHSPE. A state or locally issued secondary school diploma obtained solely on the basis of an attendance credential is not considered a high school diploma. This is considered an alternate credential.
	Baccalaureate degree	K (1)	A certificate conferred upon from a 4-year college program, first professional degree.
	High school Diploma	L (1)	A diploma issued to an individual who has attended and completed a 12-year or 12 th grade day program of classroom instruction; the diploma must be issued from a traditional high school where the individual completed all the program requirements. Includes some alternate/continuation schools (see special interest codes).
	Credential near completion	M (1)	Status of an individual who has successfully completed at least the 11th grade at a traditional high school and who is currently pursuing completion of an Alternate/Continuation High School (HS) credential as assigned by their traditional high school. (For USMC use with Alternate/Continuation HS seniors only. See Codes "Y*" and "Z*" on the following page for further details).
	Master's Degree	N (1)	A certificate conferred upon completion of additional academic requirements beyond the baccalaureate or first professional degree, but below the doctorate level.
	Post- Masters Degree	R (1)	A certificate conferred upon completion of additional academic requirements beyond the Master's level, but below the Doctorate level.

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
12	EDUCATION (contd)		
	High school senior	S (1)	Status of an individual who is currently attending high school and is a high school senior.
	Doctorate Degree	S (1)	A certificate conferred in recognition of the highest academic achievement within an academic field, excluding honorary degrees and first professional degrees.
	First Professional degree	W (1)	A certificate conferred upon completion of the academic requirement for the first degrees awarded in selected professions: architecture, certified public accountant, chiropody (D.S.C.), podiatry, dentistry (D.D.S. or D.M.D.), medicine (M.D.), optometry (O.D.), osteopathy (D.O.), pharmacy, veterinary medicine, law L.L.B. or J.D., and theology (B.D. or Rabbi, or other first professional degree).
	Alternate/ Continuation High School	Y* (2)	Special interest code only. To be coded as "12L" for enlistment purposes. A diploma from a high school to which a student has been assigned, his/her from traditional HS for extenuating reasons, as an alternate to the regular local public high school, to complete his/her high school education. Diplomas from schools not clearly falling within code "Z" below should be accepted as documents signifying a Tier II education or referred to CG MCRC for determination.
	Alternate/ Continuation High School	Z (1)	Special interest code only. To be coded as "12L" for enlistment purposes. A diploma from a high school to which a student has been assigned from his/her traditional HS, for extenuating reasons, as an alternate to the regular local public high school to complete his/her high school education. For the document to qualify as a Tier I credential, the issuing continuation/alternate high school must have had the same day-time course/graduation requirements, the same days, weeks, and hours of attendance, and offered the same valid high school diploma as the regular public school system that made the assignment.
13	PROFICIENT IN FOREIGN LANGUAGE		Enter: Up to two languages, if applicant is proficient (reads, writes, or speaks) foreign language(s). If not, enter "NONE."

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
14	VALID DRIVER'S LICENSE		Enter: "YES", if the applicant holds a valid driver's license. If yes, list the state that issued the license, number, and expiration date. If the applicant does not hold a valid driver's license, enter "NO."
15	PLACE OF BIRTH		Enter: City, State, and Country of the applicant's birth.
SECTION II - EXAM & ENTRANCE DATA (To be completed by MEPS Liaison NCO only)			
16	APPTITUDE TEST RESULTS		
16a	TEST ID		Enter: A three-digit code that identifies the ASVAB test version. For example: 18g, 20a, 20b, etc.
16b	TEST SCORES		Enter: Composite test scores will be recorded as two-digit numbers from the ASVAB worksheet provided by MEPCOM.
17	DEP ENLISTMENT DATA		
17a	DATE OF DEP ENLISTMENT		Enter: YYMMDD format.
17b	PROJECTED ACTIVE DUTY DATE		Enter: YYMMDD format must be date in future.
17c	ES		Enter "3" only for entry status.
17d	RECRUITER IDENTIFICATION		Enter: SSN of the recruiter credited with the accession. This recruiter must have an 8411/8412 MOS and must be serving in an 8411/8412 MOS billet.
17e	PROGRAM ENLISTING FOR		Enter: "00" if applicant has no program guarantees. If applicant contracts with an enlistment program enter the appropriate two or three digit program code.
17f	T-E MOS/AFS		Enter: Appropriate four (4) digit MOS as follows: "9900" - Basic Marine, General Service "9971" - Basic Marine, with Enlistment Guarantee.
17g	WAIVER		Enter: Appropriate three-digit code for the highest-level waiver that authorized enlistment.
	Note 1: All waiver codes must be entered and will reflect up to 4 categories of waivers granted, as needed. First Digit: Category of Waiver Second Digit: Indicates Waiver Issues (Police, Drug, Medical) Third Digit: Waiver Approval Level (See Note 2 below)		
	Waiver codes for item 17g are listed below.		

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation	
17g	WAIVER (contd)			
	First Digit		Second Digit	Third Digit
A	Age, minimum/maximum limitations		The below are used when first digit is "D" only.	A MCRC
B	Limit on dependents - dependency			B Commanding General, Marine corps Recruiting Region
C	Mental qualifications for basic enlistment	A	Minor traffic offenses, five or more	C Commanding Officer, Marine Corps District
D	Moral - Police involvement	B	Class 1 Minor Non-Traffic offenses four or more	D Commanding Officer, Marine Corps Recruiting Station
	Prior Service		Class 2 Minor Non-Traffic offenses two or more	MEPS
E	Physical qualifications	C	Serious offense(s)	G Selected Marine Corps Reserve Unit (I-I/active duty CO of 4th MAW unit)
H	Sole surviving member	D	Felony (committed as an adult)	X
J	Education (MCRC only)	E	Felony (committed as a juvenile/youthful offender)	Y Not applicable
K	Hostile country (MCRC only)	F	Serious traffic offenses, two or more	
L	Moral - Drug	S		
M	qualifications		The below are used when first digit is "M" only.	
P	Skill		G Pre-service illegal use of drugs	
	requirement/minimum program qualifications		H Pre-service alcohol abuse (MCRC only)	
X	MREP		P Drug use while in the DEP	
Y	Not applicable		The below are used when first digit is "X" only.	
		A	Pilonidal cyst/pilonidal sinus	
		B	Hemorrhoids	
		C	Undescended testicle, unilateral	
		D	Varicocele	
		E	Hydrocele	
		F	Inguinal hernia, unilateral	
		G	Under weight by not more than 10 percent	
		H	Undescended testicle and inguinal hernia, same side	
		I	Inguinal hernia and varicocele/hydrocele, same side	
		J	Simple goiter	
		K	Deviated nasal septum with airway obstruction	
		L	External Otitis	
		M	Hyperdactylia (hands and feet)	
		N	Cystic acne, likely to benefit from antibiotic /Accutane therapy	
			(CONTD BELOW)	

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
17g	WAIVER (contd)		
	First Digit	Second Digit	Third Digit
		O	Gynecomastia, simple - not associated with or a result of endocrinopathy
		P	Ingrown toenail(s)
		Q	Orthopedic hardware requiring removal to meet military entrance standards (requires radiographic evidence of firm body union)
		R	Phimosis - when circumcision is required for hygiene
		S	Hypertrophic tonsils and adenoids with airway obstruction
		T	Nasal polyps with airway obstruction
		U	Abdominal wall hernias - only primary hernias, no incisional hernias
		Y	Not applicable
	<p>NOTE 2: Although the disqualification granted by the highest-level approval authority dictates the appropriate enlistment decision level, each waiver code must reflect the applicable approval level.</p> <p>Example: Applicant requires waiver of medical (MREP), adult felony, and pre-service drug disqualifications. enter in block 17g - "DEB enlistment approved by the Commanding General, Marine Corps Recruiting Region. This code, followed by additional codes ("MGC" and "XAD") in descending approval level order, must be entered in blocks 19 (69-80).</p>		
17h	PAY GRADE		Enter: Pay grade enlisting for.
18	ACCESSION DATA		
18a	ENLISTMENT DATE		Enter YYMMDD format.
18b	ACTIVE DUTY		<p>Enter: YYMMDD format. Compute as follows: Include all periods of active Federal military service in commissioned, warrant, flight officer, or enlisted status.</p> <ul style="list-style-type: none"> • If there is no break in active duty from the date of original entry on such duty, ADSD is the date of original entry on active duty. • If there is a break in active duty, ADSD is later than the date of original entry by a period equivalent to the break (or breaks). • In computing, include all periods of active duty for training as verified by the applicant's DD Forms 214/215 or 368. For periods of 30-days or less, count the actual number of days.
18b	ACTIVE DUTY (contd)		

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation																					
	<p align="center">SAMPLE CALCULATION INFORMATION for SERVICE</p> <table> <tr> <td>SERVICE DATES</td><td>TIME</td><td>SERVICE PERFORMED</td></tr> <tr> <td>15 Jul 67 - 14 Jul 71</td><td>4 yrs</td><td>Served in Regular USMC</td></tr> <tr> <td>15 Jul 71 - 14 Jul 73</td><td>0 yrs</td><td>Served in Reserve USMC (No active duty for training tour credit)</td></tr> <tr> <td>10 Sep 74 - 09 Sep 80</td><td>4m 12d</td><td>Served in Reserve Air National Guard; during this period he served 132-days on active duty for training.</td></tr> </table> <p align="center">CALCULATION</p> <table> <tr> <td>15 Jan 85</td><td>85 01 15</td><td>Date of current enlistment</td></tr> <tr> <td></td><td>- 4 4 12</td><td>Total active duty time</td></tr> <tr> <td>03 Jul 80</td><td>80 07 03</td><td>Active Duty Service Date</td></tr> </table>			SERVICE DATES	TIME	SERVICE PERFORMED	15 Jul 67 - 14 Jul 71	4 yrs	Served in Regular USMC	15 Jul 71 - 14 Jul 73	0 yrs	Served in Reserve USMC (No active duty for training tour credit)	10 Sep 74 - 09 Sep 80	4m 12d	Served in Reserve Air National Guard; during this period he served 132-days on active duty for training.	15 Jan 85	85 01 15	Date of current enlistment		- 4 4 12	Total active duty time	03 Jul 80	80 07 03	Active Duty Service Date
SERVICE DATES	TIME	SERVICE PERFORMED																						
15 Jul 67 - 14 Jul 71	4 yrs	Served in Regular USMC																						
15 Jul 71 - 14 Jul 73	0 yrs	Served in Reserve USMC (No active duty for training tour credit)																						
10 Sep 74 - 09 Sep 80	4m 12d	Served in Reserve Air National Guard; during this period he served 132-days on active duty for training.																						
15 Jan 85	85 01 15	Date of current enlistment																						
	- 4 4 12	Total active duty time																						
03 Jul 80	80 07 03	Active Duty Service Date																						
18c	PAT ENTRY DATE		Enter: YYMMDD format. Using the example shown for item 18b above, the PEBD is computed as shown below.																					
	<p align="center">SAMPLE CALCULATION INFORMATION for PAY ENTRY (using same individual as in 18b, above)</p> <table> <tr> <td>04 00 00</td><td>Initial enlistment period of 4 years</td></tr> <tr> <td>02 00 00</td><td>Service in MC Reserve from Jul 71 - Jul 73</td></tr> <tr> <td>+06 00 00</td><td>Service in Air National Guard Sep 74 - Sep 80</td></tr> <tr> <td>12 00 00</td><td>TOTAL Service for pay purposes</td></tr> <tr> <td>15 Jan 85</td><td>85 01 15</td><td>Date of current enlistment</td></tr> <tr> <td></td><td>-12 00 00</td><td>- Total service for pay</td></tr> <tr> <td></td><td>73 01 15</td><td>Pay Entry Base Date</td></tr> </table>			04 00 00	Initial enlistment period of 4 years	02 00 00	Service in MC Reserve from Jul 71 - Jul 73	+06 00 00	Service in Air National Guard Sep 74 - Sep 80	12 00 00	TOTAL Service for pay purposes	15 Jan 85	85 01 15	Date of current enlistment		-12 00 00	- Total service for pay		73 01 15	Pay Entry Base Date				
04 00 00	Initial enlistment period of 4 years																							
02 00 00	Service in MC Reserve from Jul 71 - Jul 73																							
+06 00 00	Service in Air National Guard Sep 74 - Sep 80																							
12 00 00	TOTAL Service for pay purposes																							
15 Jan 85	85 01 15	Date of current enlistment																						
	-12 00 00	- Total service for pay																						
	73 01 15	Pay Entry Base Date																						
18d	TOE		<p>Enter: REGULAR - Appropriate term of enlistment for applicants enlisting into the Regular component, e.g., 3, 4, 5, or 6. For applicants with enlistment programs, the TOE must match the program's required TOE.</p> <p>Enter: RESERVE - For applicants enlisting into the Reserve component (SMCR), use the following TOEs:</p> <table> <tr> <td>Component Code</td><td>TOE</td></tr> <tr> <td>K-4</td><td>6</td></tr> <tr> <td>B-5</td><td>5</td></tr> <tr> <td>K-9</td><td>4</td></tr> <tr> <td>K-8</td><td>3</td></tr> </table>	Component Code	TOE	K-4	6	B-5	5	K-9	4	K-8	3											
Component Code	TOE																							
K-4	6																							
B-5	5																							
K-9	4																							
K-8	3																							
18e	WAIVER		Enter: Highest-level addendum waiver which authorizes shipment, as needed (see Item 19 for coding).																					

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation					
18f	PAY GRADE		Enter: Enlistment pay grade as follows: E01 E02 E03 E04 E05 E06					
18g	DATE of GRADE		Enter: YYMMDD format. Compute pay grade in accordance with current Marine Corps Orders.					
18h	ES		Enter: "0" if enlisted and shipped directly into active duty within the same calendar month (Delayed Entry Program (DEP) enlistees or members of the SMCR who delay their IADT) Enter: "1" if applicant enlisted into the DEP or SMCR with a delay beyond the current calendar month prior to shipment to IADT.					
18i	YRS/HIGHEST GR		Enter: Highest Grade/Education Code.					
18j	RECRUITER IDENTIFICATION		Enter: Same as for item 17d.					
18k	PROGRAM ENLISTED FOR		Enter: Assigned Program.					
18l	T-E MOS/AFS		Enter: Either 9900 or 9971.					
18m	PMOS/AFS		Enter: When the enlistee's orders specify the MOS, complete as directed. Reservist's will always have an MOS. Enter approved MOS by MCRC for Reenlistees.					
18n	YOUTH		Enter appropriate 3-digit code.					
			First Digit		Second Digit		Third Digit	
			D B X Y	JROTC ROTC Other Not applicable	A F M N Y	Department of Army Department of the Air Force United States Marine Corps Department of the Navy Not applicable	0-9 Y	Number of years in program Not applicable
18o	OA		Enter: "YY" in all cases. (Options Analysis Code)					
18p	TRANSFER TO		Enter: Three character code as set (UIC) forth in the current edition of MCO P1080.20. For USMCR (K-4, K-8, K-9, or B-5), use MCC of MARFORRES active duty site commander.					
19	SERVICE CODE BLOCKS							

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
Blks 1-2	COMPONENT CODE (Use current edition of MCO P1080.20)	11 KA K4 K5 K8 K9 B5	Regular USMC only Reserve prior service non-obligor serving in an SMCR unit Reserve (SMCR) non-prior service (NPS) obligor enlistee (6 years duty in SMCR plus 2 years service in IRR) Regular USMC enlisting into the DEP. Reserve (SMCR) NPS obligor enlistee (3 yrs SMCR + 5 yrs IRR) Reserve (SMCR) NPS obligore enlistee (4 yrs SMCR + 4 yrs IRR) Reserve (SMCR) NPS obligor enlistee (5 yrs SMCR + 3 yrs IRR)
Blks 3-5	MCC of the credited with enlistment		Current edition of MCO MCO P1080.2
Blks 6-10	RUC of SMCR unit recruited for		Current edition of MCO MCO P1080.2 (For SMCR enlistments only)
blks 11- 14	Source of entry code		HAAA for reserves AAAA for regulars
blks 15- 17	Projected educational		Educational code expected upon commencement code of active duty.
blks 18- 20	Term of IADT		Three digits; expressed in days. (For Reserves only)
blks 21- 23	MCC of the MEPS accepted		Current edition of MCO P1080.20
blks 25- 47	Test score data		Completed by the MEPS Liaison NCO from DD Form 1340.12K. For information purposes, record scores in the following blocks: 25-27 GT 29-31 EL 33-35 CL 37-39 MM 41-43 DLAB 45-47 EDPT 48-50 ARC/APT 51-53 EDT 51-68 (Reserved for future use)
blks 69- 80	DEP Waiver Data		All codes documenting qualifications waived upon initial entry.
blks 81- 92	Reserved for Future Use		
blks 93- 104	Accession Waiver Data		All codes required to document addendum (in-DEP) waivers approved.

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
PAGE 2 of FORM 1966			
20	NAME		Enter: Same name as shown in item 2.
21	SOCIAL SECURITY NUMBER		Enter: Same data as shown in item 1.
SECTION III - OTHER PERSONAL DATA			
22a	EDUCATION		Enter: Dates attended, name, and location of all high schools and higher-level educational institutions attended. Do not list elementary schools unless elementary school was the last school attended. If still attending school, enter the word "Present" in the "To" column. NOTE: Applicants will have to provide documentation of the highest educational level completed (see item 14).
22b	ROTC, JROTC, SEA CADET, AND CIVIL AIR PATROL		Self-explanatory; provide applicants initials
23	MARTAL/DEPENDENCY STATUS AND FAMILY DATA		Self-explanatory; provide applicants initials
24	PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE US GOVERNMENT		Self-explanatory; provide applicants initials
25	ABILITY TO PERFORM MILITARY DUTIES		Self-explanatory; provide applicants initials
26	DRUG USE AND ABUSE		Do NOT initial this item. Annotate "refer to DASF"
PAGE 3 of FORM 1966			
SECTION IV - CERTIFICATION			
27	NAME		Enter: Same name as shown in item 2.
28	SOCIAL SECURITY NUMBER		Enter: Same data as shown in item 1.
29	CERTIFICATION APPLICANT		THE APPLICANT'S SIGNATURE IN BLOCK 29C MUST BE WITNESSED BY THEIR RECRUITER. THE APPLICANT WILL NOT SIGN THIS ITEM UNTIL THEY HAVE COMPLETED ALL REQUIRED ITEMS AND ARE IN THE PRESENCE OF THEIR RECRUITER.
30	DATA VERIFICATION BY RECRUITER		The recruiter involved in completing the Record of Military Processing will complete this item.

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
31	CERTIFICATION OF WITNESS		The recruiter involved in completing the Record of Military Processing will complete this item.
32	SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES		Applicant will initial item 32c. Be sure the applicant fully understands all fully understands all entries in item in item 32a and has carefully read item 32b. The Statement of Understanding for the applicant's program must match item 32a.
33	CERTIFICATION OF RECRUITER		This item will be completed by the MEPS Liaison of Record.
SECTION V - RECERTIFICATION			
34	RE-CERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY		This item will reflect any changes or corrections prior to entry on active duty. It also serves as a recertification that all entries on the form are correct. The applicant will sign Item 34d(1) in the presence of a witness. The witness will sign item 34e(1).
SECTION VI - REMARKS (use this section for continuation of other items, as necessary)			
35	NAME		Enter: Same name as shown in item 2.
36	SOCIAL SECURITY NUMBER		Enter: Same data as shown in item 1.
SECTION VII - PARENTAL/GUARDIAN CONSENT for ENLISTMENT			
37	NAME		Enter: Same name as shown in item 2.
38	SOCIAL SECURITY NUMBER		Enter: Same data as shown in item 1.
39	PARENT/GUARDIAN STATEMENTS		Complete only for all unmarried 17- year old applicants prior to MEPS medical or enlistment processing. No amendment or strikeouts of wording ("I/we, his/her, etc.") is required. Both parents/guardians will sign the appropriate block and have each signature notarized or witnessed by an officer or non-commissioned officer. If parents are separated or divorced, consent of the parent or legal guardian having custody of the applicant is acceptable, provided a copy of the court order or adoption papers awarding custody is certified by recruiting service personnel.

Figure K-1 (Cont). DD Form 1966 Instructions

Item	Title	Code	Entry, Description, and/or Explanation
40	VERIFICATION OF SINGLE SIGNATURE CONSENT		When both parents do not sign, copies of court orders or decrees that explain and substantiate the status of the non-signing parent(s) must accompany the application. In cases in which one parent has abandoned the family or is absolutely unavailable for signature, but no formal proof exists, a statement will be made by the remaining parent confirming sole custody and assuming full responsibility for the enlistment. When one parent is deceased, consent of the Surviving parent is acceptable, providing a death certificate attesting to the fact that the other parent is deceased, is provided.
	SECTION VIII - STATEMENT of NAME for OFFICIAL MILITARY RECORDS Note: Aliens whose enlistment name and military record must match Immigration and Naturalization Service (INS) records may not use this section.		
41	NAME CHANGE		
41 a-e			Self-explanatory. Note: THE APPLICANT'S SIGNATURE IN BLOCK 40d MUST BE WITNESSED BY THE RECRUITER OR A NOTARY PUBLIC.

Figure K-1. DD Form 1966 Instructions

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES <i>(Read Privacy Act Statement and Instructions on back before completing this form.)</i>															Form Approved OMB No. 0704-0173 Expires Sep 30, 2003																																																																																																																																																
The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0173), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.																																																																																																																																																															
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.																																																																																																																																																															
A. SERVICE PROCESSING FOR <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS:					B. PRIOR SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS:					C. SELECTIVE SERVICE CLASSIFICATION					D. SELECTIVE SERVICE REGISTRATION NO.																																																																																																																																																
SECTION I - PERSONAL DATA																																																																																																																																																															
1. SOCIAL SECURITY NUMBER - - - - -					2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)																																																																																																																																																										
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)										4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)																																																																																																																																																					
5. CITIZENSHIP (X one) <input type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) <input type="checkbox"/> b. U.S. NATURALIZED <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL <input type="checkbox"/> d. IMMIGRANT ALIEN (Specify) <input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)										6. SEX (X one) <input type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE					7.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE <input type="checkbox"/> (6) DECLINE TO RESPOND					7.b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO <input type="checkbox"/> (3) DECLINE TO RESPOND																																																																																																																																											
10. DATE OF BIRTH (YYYYMMDD)										11. RELIGIOUS PREFERENCE (Optional)					12. EDUCATION (Yrs/Highest Ed Gr Completed)					13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.) 1st 2nd																																																																																																																																											
14. VALID DRIVER'S LICENSE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list State, number, and expiration date)										15. PLACE OF BIRTH (City, State and Country)																																																																																																																																																					
SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES (FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)																																																																																																																																																															
16. APTITUDE TEST RESULTS																																																																																																																																																															
a. TEST ID		b. TEST SCORES				APOT PERCENTILE		GS		AR		WK		PC		MK		ES		AS		MC		AQ		VE																																																																																																																																					
17. DEP ENLISTMENT DATA																																																																																																																																																															
a. DATE OF DEP ENLISTMENT (YYYYMMDD)					b. PROJ ACTIVE DUTY DATE (YYYYMMDD)					c. ES					d. RECRUITER IDENTIFICATION					e. PROGRAM ENLISTED FOR																																																																																																																																											
f. T-E MOS/AFS					g. WAIVER (1) (2) (3) (4) (5) (6)					h. PAY GRADE																																																																																																																																																					
18. ACCESSION DATA																																																																																																																																																															
a. ENLISTMENT DATE (YYYYMMDD)					b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)					c. PAY ENTRY DATE (YYYYMMDD)					d. TOE																																																																																																																																																
e. WAIVER (1) (2) (3) (4) (5) (6)					f. PAY GRADE					g. DATE OF GRADE (YYYYMMDD)					h. ES					i. YRS/HIGHEST ED OR COMPL																																																																																																																																											
j. RECRUITER IDENTIFICATION					k. PROGRAM ENLISTED FOR					l. T-E MOS/AFS					m. PROJ/AFS					n. YOUTH					o. OA					p. TRANSFER TO (LRC)																																																																																																																																	
19. SERVICE REQUIRED CODES		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td> </tr> <tr> <td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td> </tr> <tr> <td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td> </tr> <tr> <td>81</td><td>82</td><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td>96</td><td>97</td><td>98</td><td>99</td><td>100</td><td>101</td><td>102</td><td>103</td><td>104</td><td>105</td><td>106</td><td>107</td><td>108</td><td>109</td><td>110</td> </tr> <tr> <td>111</td><td>112</td><td>113</td><td>114</td><td>115</td><td>116</td><td>117</td><td>118</td><td>119</td><td>120</td><td>121</td><td>122</td><td>123</td><td>124</td><td>125</td><td>126</td><td>127</td><td>128</td><td>129</td><td>130</td><td>131</td><td>132</td><td>133</td><td>134</td><td>135</td><td>136</td><td>137</td><td>138</td><td>139</td><td>140</td> </tr> </table>																		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
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DD FORM 1966/1, JAN 2003

PREVIOUS EDITION IS OBSOLETE.

Reset

Figure K-2. DD Form 1966/1

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102, 520a; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397.

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is **FOR OFFICIAL USE ONLY** and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.
2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2000 is written 20000601.

20. NAME (Last, First, Middle Initial)				21. SOCIAL SECURITY NUMBER		
SECTION III - OTHER PERSONAL DATA						
22. EDUCATION						
a. List all high schools and colleges attended. (List dates in YYYYMM format.)					(5) GRADUATE	
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO	
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?				YES	NO	
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")						
a. Is anyone dependent upon you for support?						
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?						
c. Do you have an <u>immediate relative</u> (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?						
d. Are you the only living child in your immediate family?						
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")						
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?						
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?						
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?						
d. Have you ever been employed by the United States Government?						
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?						
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")						
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)						
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?						
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?						
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.") Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?						

35. NAME (Last, First, Middle Initial)	36. SOCIAL SECURITY NUMBER
SECTION VI - REMARKS <i>(Specify item(s) being continued by item number. Continue on separate pages if necessary.)</i>	
DD FORM 1966/5 YES ATTACHED? (X one) NO	
SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS	
37. NAME CHANGE. If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:	
a. NAME AS SHOWN ON BIRTH CERTIFICATE	b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD
c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.	
d. APPLICANT (1) SIGNATURE	
(2) DATE SIGNED (YYYYMMDD)	
e. WITNESS (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) PAY GRADE (3) SIGNATURE	

38. NAME (Last, First, Middle Initial)	39. SOCIAL SECURITY NUMBER	
USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.		
SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT		
40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)		
<p>a. I/we certify that (Enter name of applicant) _____</p> <p>has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States (Enter Branch of Service)</p> <p>_____</p> <p>I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that <u>no promises of any kind</u> have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.</p>		
<p>b. FOR ENLISTMENT IN A RESERVE COMPONENT.</p> <p>I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.</p>		
c. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
d. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
e. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
f. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)
41. VERIFICATION OF SINGLE SIGNATURE CONSENT		

NOTE: If section A and/or B do not cover the applicant's service dates, use the back of this form for additional computations.

SECTION A - DD-214 COMPUTATIONS:

- | | | |
|----|--|-----------|
| 1. | Date SNM entered active duty (from DD-214) | _____ |
| | Subtract prior inactive time (from DD-214) | - _____ |
| | This is the date SNM entered the DEP | = _____ |
| 2. | Date SNM was separated from Active Duty | _____ |
| | Subtract date SNM entered Active Duty | - _____ |
| | Total: | _____ |
| | Add inclusive day | + _____ 1 |
| | This is total active duty | = _____ |
| 3. | Date SNM was discharged | _____ |
| | Subtract date released from AcDu | - _____ |
| | This is SNM's IRR time since RELACDU | = _____ |

COMPONENT	FROM	TO	ADD INCLUSIVE		YYMMDD	ACT/INACT
			DAY			
_____	_____	_____	+	1	_____	_____
_____	_____	_____	+	1	_____	_____
_____	_____	_____	+	1	_____	_____
_____	_____	_____	+	1	_____	_____
_____	_____	_____	+	1	_____	_____
			Adds for total time _____			
			Converts to _____			

```

Date of reenlistment          - - - - -
*Subtract total time for pay  - - - - -
This is the PAY ENTRY BASE DATE - - - - -

```

K-31

A. If a Marine has been discharged less than one year, assign the original Date of Rank.

If a Marine has been discharged more than one but less than three years:

Date of Discharge:		_____
Minus Date of Rank:	-	_____
Subtotal:		_____
Plus inclusive day:	+	_____
Total Time in Grade (TIG)	=	_____

B. For Lance Corporals and Corporals:

Date of join:		_____
Minus TIG	-	_____
New Date of Rank	=	_____

C. For Sergeants:

Time in Grade (TIG)		_____
Divide by 2		_____
Half of TIG: *	=	_____
Date of Join:		_____
Minus 1/2 TIG :	-	_____
New Date of Rank	=	_____

*Note: To determine 1/2 of an odd number, convert years to months, then divide by 2. One-half of a month = 15 days. Round up if dividing an odd day. DO NOT ROUND UP MONTHS OR YEARS.

If applicant requires a waiver, use the date of rank information provided on the waiver approval letter from CMC.

Reference: MCO P1040R.35B

Figure K-4. Date of Rank Computation Sheet

APPENDIX L

DD FORM 368, REQUEST FOR DISCHARGE OR CLEARANCE FROM RESERVE COMPONENT

1. Purpose. To provide instructions for the release of a former Marine that is currently a member of another branch of service reserve component to rejoin the USMCR.
2. Scope. Recruiters may request an applicant be released from their reserve component. However, the losing service may deny clearance for many reasons.
3. General Instructions
 - a. Clearance is required from the losing service prior to reenlisting the applicant.
 - b. The processing procedures for mandatory participants and nonmandatory participants are identical:
 - (1) Any prior service other service member on a current contract with another branch of service will not be reenlisted without a written release from the losing service and CMC approval.
 - (2) Waiver requests may be submitted without obtaining the written release.
4. Specific Instructions.
 - a. SECTION I - Request for release is prepared by the RNCO (Figure L-1). Upon completing this part of the form, the RNCO will mail it to the other reserve component or deliver it personally for signature.
 - b. SECTION II - Approval/disapproval of clearance by the member's reserve unit commander. If signed as approved by losing component, the applicant is cleared to process for join with the MCR.
 - c. SECTION III - Notification of reenlistment sent to the reserve unit commander by the RNCO along with the copy of the completed DD Form 4, Reenlistment contract.

d. SECTION III - Number 8, certifying official is the enlisting officer or the OIC of the PSRO effecting the enlistment.

5. Clearance from the National Guard unit will be sent to the State Adjutant General and the appropriate address in item #6. The DD Form 368 may be hand carried to a National Guard Unit. It can also be mailed certified with returned receipt requested.

6. Clearance from another reserve component of the Armed Forces. The DD Form 368 may be hand carried if the applicant is a drilling member. If the applicant is in the IRR, the DD Form 368 will be mailed to the address listed below for the appropriate component:

a. USAR and USARNG

Commander, U.S. Army Reserve Component
Personnel Administration Center
9700 Page Blvd.
St Louis, MO 63132

b. USNR

Commanding Officer (Code 40)
Navy Reserve Personnel Center
New Orleans, LA 70149

c. USAFR and USANG

Commander
Air Force Reserve Personnel Center
Code DPAAD
East 1st Avenue
Denver, CO 80280

d. USCGR

Commandant (GRA/82)
Coast Guard Headquarters
400 7th Street, S.W.
Washington, D.C. 20590

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and Instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME (Last, First, Middle Initial) JONES BILLY B	b. PAY GRADE E-5	c. SSN 123-45-6789	d. SERVICE COMPONENT USANG
e. CURRENT UNIT/ COMMAND 10TH BRIGADE	f. ADDRESS (1) STREET 114 SENECA STREET	(2) CITY LOS ALAMITOS	(3) STATE CA
		(4) ZIP CODE 92712	

2. RECRUITING OFFICE ADDRESS

a. STREET 6337 BALBOA BLVD	b. CITY ENCINO	c. STATE CA	d. ZIP CODE 91316
--------------------------------------	--------------------------	-----------------------	-----------------------------

3. ACKNOWLEDGEMENT OF SERVICE MEMBER


a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ (losing component); request that it be accepted contingent upon actual appointment or enlistment in the _____ (gaining component), and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE 	e. DATE SIGNED 980802
--	---------------------------------

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE


a. Request conditional release to enlist/appoint member into the _____ (Service/Component).		
b. NAME OF RECRUITER (Last, First, Middle Initial) SMITH HAROLD E	c. SIGNATURE 	d. DATE SIGNED 980802
e. TITLE PRIOR SERVICE RECRUITER		

SECTION II - APPROVAL/DISAPPROVAL

5. (X as applicable)

<input checked="" type="checkbox"/> a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.
<input type="checkbox"/> b. DISAPPROVED. Release is not granted. (Explain in "Remarks.")


6. AUTHORIZING OFFICIAL

a. NAME (Last, First, Middle Initial) DAVIS JOHN D	b. TITLE COMMANDING OFFICER, 10TH BRIGADE
c. TELEPHONE NUMBER (Include area code) (310) 786-9090	d. ADDRESS (1) STREET 114 SENECA STREET
(2) CITY LOS ALAMITOS	
(3) STATE CA	
(4) ZIP CODE 92712	
e. SIGNATURE 	f. DATE SIGNED 980825

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into **MARINE CORPS RESERVE**.
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 8.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME (Last, First, Middle Initial) BROWN ALVIN G	b. TITLE INSPECTER/INSTRUCTOR	c. UNIT/COMMAND CO G(-), 2/23
d. TELEPHONE NUMBER (Include area code) (414) 441-6000	e. ADDRESS (1) STREET 6337 BALBOA BLVD	(2) CITY ENCINO
		(3) STATE CA
		(4) ZIP CODE 91316
f. SIGNATURE 	g. DATE SIGNED 981001	

APPENDIX M

REJECTION OF ACCESSION REPORT

1. General Instructions. Rejection of Accession Reports will be completed when a professionally, morally, and physically qualified applicant is not accepted by an SMCR unit. The RNCO will prepare a Rejection of Accession Report utilizing the format contained in Figure M-1 and forward it with the original accession package to the PSRO OIC.

2. If the OIC can not resolve the problem after discussing the rejection with the unit I&I/CO, the OIC should endorse the Rejection of Accession Report utilizing the format contained in Figure M-2.

3. Final disposition on all Rejections of Accession Reports is determined by the Commander, MARFORRES.

PSRS LETTERHEAD

1133
PSRO
Date

From: Recruiter name and rank, PSRS _____
To: District, Commanding Officer
Via: Officer-in-Charge, PSRO # _____

Subj: REJECTION OF ACCESSION OF PRIOR SERVICE MARINES INTO THE
SELECTED MARINE CORPS RESERVE CASE OF:
(Rank, Name, SSN, MOS(S))

1. Unit involved: RUC: _____, T/O Line#: _____
Unit: _____
Address: _____
Phone: _____
I&I or Unit Commander: _____

2. Circumstances (example): "The Subject Named Applicant had applied to this unit. The I&I informed me that the unit has six (6) 0369s and require no more. The manpower plan calls for a total of seven (7) 0369s. This applicant is physically, professionally, and morally qualified to affiliate with the SMCR."

Recruiter's Signature

Figure M-1. Rejection of Accession Report

PSRO LETTERHEAD

1133
PSRO
Date

First Endorsement

Subj: LETTER OF REJECTION REPORT 1133, PSRO____, DATED____
FROM (RECRUITER)____, PSRS_____

1. I have personally contacted the unit involved as stated in paragraph 2 of the Accession Report.
2. It is requested that the recruiter receive an accession credit for the Marine applicant that was rejected.
3. I concur with paragraph 3 of the Accession Report and additionally request that one line number be removed from the unit manpower mission.

OIC Signature

Figure M-2. First Endorsement, Rejection of Accession Report